SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.
- 1. Article Addressed to:

Christopher Glenn 340 Royal Polncanalway Ste 317/336 Palm Beach, FL 33480

COMPL	ETE THIS	SECTION	ON DEL	IVERY
0000		OFCHION	ON DEL	

A. Signature

□ Agent □ Addressee

B. Received by (Printed Name)

D. Is delivery address different from item 1?

C. Date of Delivery

If YES, enter delivery address below:

☐ Yes ☐ No

Service Type

☐ Certified Mail

☐ Express Mail

A Registered ☐ Return Receipt for Merchandise

☐ Insured Mail C.O.D. Restricted Delivery? (Extra Fee)

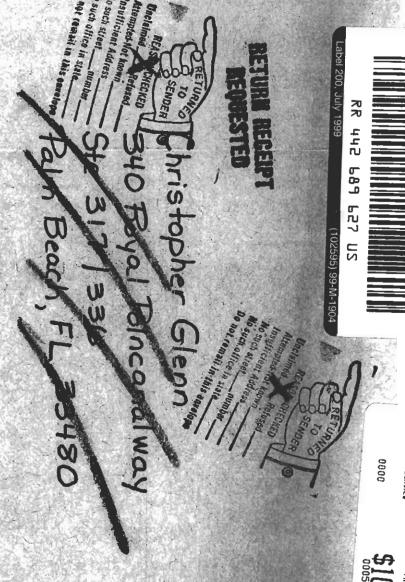
☐ Yes

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835







602 HIGHWAY ONE, SECOND FLOOR REHOBOTH BEACH, DE 19971-9794

PROFESSIONAL ASSOCIATION FIRST UNION BANK BUILDING

TTINGER and RODRIGUEZ

LAW OFFICES

